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MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. 88

**STANDARD CERTIFICATE OF DEATH**

1. PLACE OF DEATH  
 COUNTY Gila STATE ARIZONA REGISTERED NO. \_\_\_\_\_  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
 CITY Young NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_  
 (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN STATE IF OF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 IN CITY OR TOWN WHERE DEATH OCCURRED 17 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN STATE WHEN DEATH OCCURRED? Life YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.

2. FULL NAME Lillie May Pullin  
 (A) RESIDENCE: NO. \_\_\_\_\_ ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)  
 (USUAL PLACE OF ABODE)

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**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos. Henry Pullin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1913

7. AGE YEARS 24 MONTHS 2 DAYS 1 IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. \_\_\_\_\_ OR \_\_\_\_\_ MIN.

OCCUPATION 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. \_\_\_\_\_

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Clifton (STATE OR COUNTY) Arizona

FATHER 13. NAME Wm. Saunders DATE OF \_\_\_\_\_  
 BIRTHPLACE (CITY OR TOWN) Blanco Co. (STATE OR COUNTY) Texas

MOTHER 15. MAIDEN NAME Mary Jane Glaspie  
 BIRTHPLACE (CITY OR TOWN) Grahan Co. Ariz (STATE OR COUNTY) New Mexico

17. INFORMANT (ADDRESS) Thos. Henry Pullin  
Young, Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial  
 PLACE Young, Arizona DATE 9-30-1937

19. EMBALMER LICENSE NO. None  
 FUNERAL DIRECTOR SIGNATURE Fred H. Jones, License 10-A  
 ADDRESS Globe, Arizona

20. FILED Sept 30, 1937 Ola Young REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Aug 1, 1937 TO Sept 30, 1937  
 I LAST SAW HIM ALIVE ON Aug 1, 1937 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 5:15 AM M.  
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  
Sarcoma femur  
with multiple metastases  
lungs liver & intestines

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: \_\_\_\_\_

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? Biopsy WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:  
 ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_, 19\_\_\_\_  
 WHERE DID INJURY OCCUR? \_\_\_\_\_ (SPECIFY CITY OR TOWN, COUNTY AND STATE)  
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_

MANNER OF INJURY \_\_\_\_\_  
 NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? \_\_\_\_\_  
 IF SO, SPECIFY (SIGNED) O. Young M. D.  
 (ADDRESS) Globe

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION